|   |  |   |               |                                       |            |                  |          |                   | 10/619464                    |                       |                |  |  |        |  |  |
|---|--|---|---------------|---------------------------------------|------------|------------------|----------|-------------------|------------------------------|-----------------------|----------------|--|--|--------|--|--|
| PATENT APPLICATION FEE DETERMINATION REC  |  |   |               |                                       |            |                  |          |                   | Application or Docket Number |                       |                |  |  |        |  |  |
| Effective January 1, 2003   |  |   |               |                                       |            |                  |          | 66378-325-7       |                              |                       |                |  |  |        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                                       |            |                  |          | SMAL              | LEN                          | ITITY                 |                | OTH  | R THAN   | _      |  |  |
| TOTAL CLAIMS  |  |   | CORU          | mn 1)                                 | _(Ço       | <u>(umn 2)</u>   | •        | TYPE              |                              |                       | OR SMAI        |  | LL ENTITY  |        |  |  |
| FOR   |  |   | NUMB          | NUMBER FILED                          |            | NUMBER EXTRA     |          | RATE<br>BASIC FEI |                              | FEE<br>375.00         | -              | RATE   |  | _      |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5             | ∫ minus 20=                           |            | 0                |          | X\$ 9=            |                              | 3/5.00                | HOR            | BASIC FI   | <del>                                     </del> | )<br>— |  |  |
| INDEPENDENT CLAIMS  |  |   | 1             | / minus 3 =                           |            | O                |          | X42=              |                              |                       | OR             | <del>                                     </del> | -  |        |  |  |
| М   | ULTIPLE DEP                                    | ENDENT CLAIM                              | PRESENT       | RESENT                                |            |                  |          |                   | ┪                            |                       | OR             | X84=   |  | _      |  |  |
| *   | f the differen                                 | ce in column 1                            | is less than  | zero, enter                           | *0" in     | column 2         | '        | +140:             | 4                            |                       | OR             | +260=  |  |        |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |                                       |            |                  |          | TOTA              | L                            |                       | ОЯ             | TOTAL  | 340  | _      |  |  |
| 7-  | 3-05   | ın 2)                                     | (Column 3)    |                                       | SMAL       | L EI             | YTITY    | OR                |                              | R THAN<br>ENTITY      |                |  |  |        |  |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY | PRESENT<br>EXTRA |          | RATE              |                              | ADDI-<br>IONAL<br>FEE |                | RATE   | ADDI-<br>TIONAL                                  | -      |  |  |
|   | Total  | . 6                                       | Minus         | - S                                   | 9          | - /              |          | X\$ 9=            | 1                            |                       | OR             | X\$18=   | FEE  | 4      |  |  |
|   | Independent                                    |   | Minus         | 144 7                                 | > ·        | 9                |          | X42=              | T                            |                       | OR             | X84=   | -  | 1      |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                       |            |                  | F        | +140=             | †                            | · /                   |                | +280=  | -  | 1      |  |  |
|   |  |   |               |                                       |            |                  | L        | TOTA              |                              | -H                    | OR .           | TOTAL  | -/-  | ł      |  |  |
|   |  | (Column 1)                                |               | (Columi                               | n 2)       | (Column 3)       | A        | DOIT. FEI         | E <b>L</b> _                 |                       | UR A           | DOIT. FEE  | L-/  | ł      |  |  |
| ENDMENT B   |  | Claims<br>Remaining<br>After<br>Amendment |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R          | PRESENT<br>EXTRA | -        | RATE              | TI                           | DDI-<br>ONAL<br>EE    | ſ              | RATE   | ADDI-<br>TIONAL                                  |        |  |  |
|   | Total  | 4   | Minus         | **                                    |            | 8                | r        | X\$ 9=            | T                            |                       | OR             | X\$18=   | FEE  | I      |  |  |
| <b>§</b> [  | Independent                                    | •   | Minus         | PLE DEPENDENT CLAIN                   |            | 2                | X42=     |                   | ╁                            | $\neg \neg$           | ``` <b> </b> - | X84=   |  | ı      |  |  |
|   | THESE  |   | JUTIPLE DE    | PENDENT C                             | LAIM       |                  | $\vdash$ |                   | 十                            |                       | OR             |  |  | ı      |  |  |
|   |  |   |               | •                                     |            |                  | Ľ        | 140=              | L                            |                       | DR             | +280=  |  |        |  |  |
| (Column 1) (Column 2) (Column 2)  |  |   |               |                                       |            |                  |          | DIT. FEE          |                              | (                     | OR A           | TOTAL<br>POIT, FEE                               |  |        |  |  |
| <b>3</b> ·  | CLAMS HIGHEST                                  |   |               |                                       |            |                  |          |                   | _                            |                       | _              |  |  |        |  |  |
| I NOME TO   |  | AFTER<br>AMENDMENT                        |               | PREVIOUS<br>PAID FO                   | XLY        | PRESENT<br>EXTRA | F        | ATE TI            | TIC                          | DI-<br>NAL<br>EE      |                | RATE   | ADDI-<br>TIONAL<br>FEE                           |        |  |  |
|   | otal   | •   | Minus         | **                                    |            | 5                | X        | \$ 9=             |                              |                       | R              | X\$18=   |  |        |  |  |
| : -   |  | NTATION OF MI                             | Minus         | DEPENDENT CLAIN                       |            |                  | 5        | (42=              |                              |                       | 1              | X84=   |  |        |  |  |
| <u>ٺ</u> ــــــــــــــــــــــــــــــــــــ   |  | H   | _             | <del></del>                           | $\dashv$   | "├-              |          |                   |                              |                       |                |  |  |        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **Highest Number Previously Paid For IN THIS SPACE Is less than 20, enter 20.**  **ADOLT FOR |  |   |               |                                       |            |                  |          |                   |                              |                       | R L            | 280=   |  |        |  |  |
| 11 6  | IN THURSDAY THE                                | NDET PTAMOLIEN Da                         | ADO           | TOTAL<br>IT. FEE                      |            | o                |          | TOTAL<br>DIT. FEE |                              |                       |                |  |  |        |  |  |
|   | TO ATE ADDRESS OF A STATE OF                   | ber Previously Paid                       | FOT (1012) 07 | independent)                          | is the hi  | ghest number fo  | ound i   | n the app         | ropri                        | ite bax in            | colum          | n 1.   |  |        |  |  |